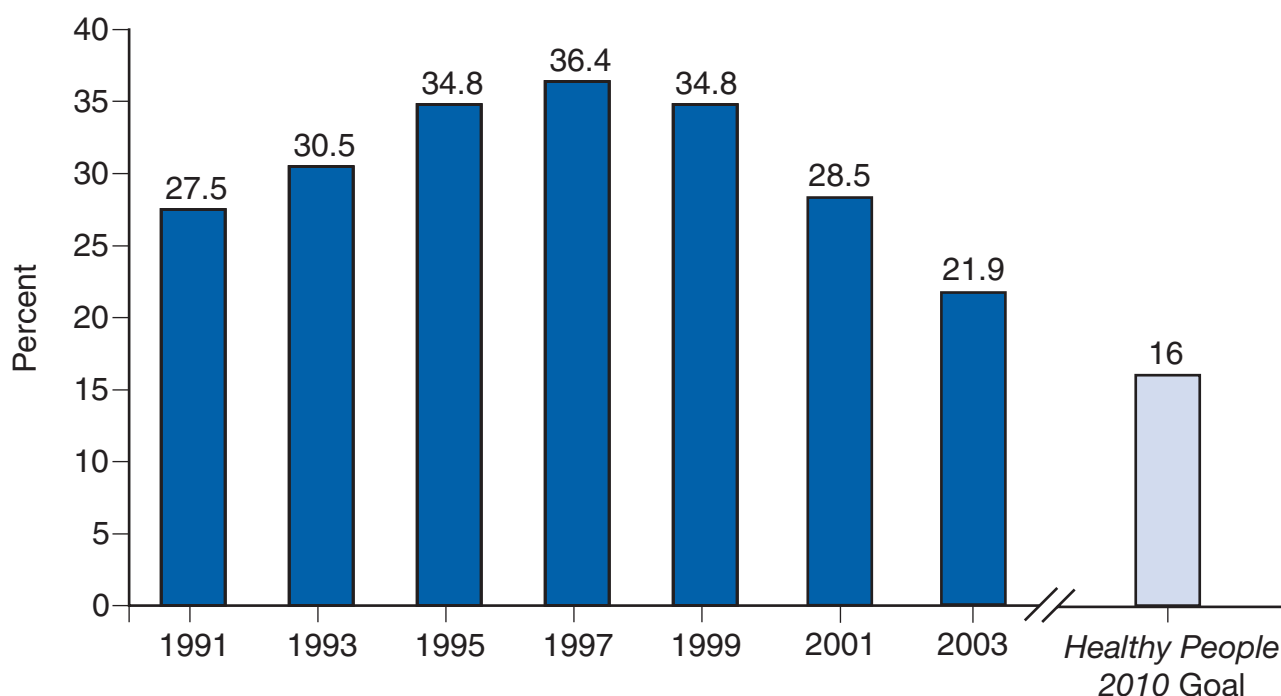


# Targeting Tobacco Use

## The Nation's Leading Cause of Death

### 2005

**High School Students Who Reported Current Cigarette Smoking\*  
United States, 1991–2003**



\* Smoked cigarettes on 1 or more of the 30 days preceding the survey.  
Source: *MMWR* 2004;53(23):499–502.

*“The focus on preventing disease through reducing tobacco use is now paying off in a reduction in tobacco-related cancers in California. This is the power of public health.”*

Marc Schenker, MD, MPH  
Chairman, Epidemiology and Preventive Medicine  
University of California, Davis

Revised March 2005

## The Burden of Tobacco Use

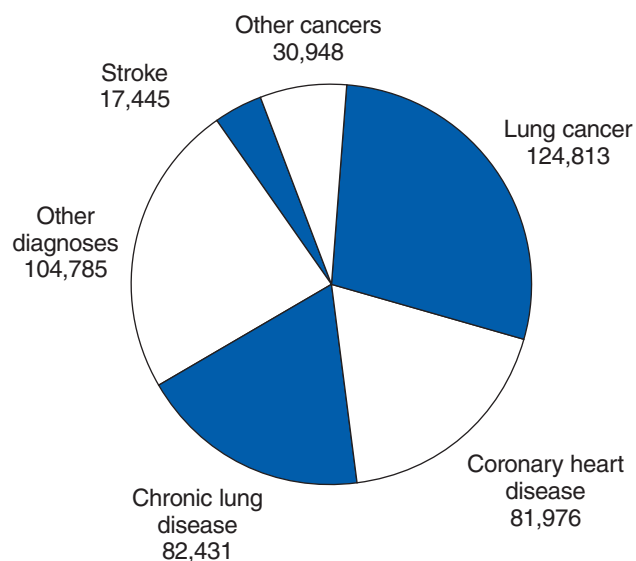
An estimated 45.8 million adults in the United States smoke cigarettes even though this single behavior will result in death or disability for half of all regular smokers. Tobacco use is the leading preventable cause of death in the United States, resulting in approximately 440,000 deaths each year. More than 8.6 million people in the United States have at least one serious illness caused by smoking. If current patterns of smoking persist, 6.4 million people currently younger than 18 will die prematurely of a tobacco-related disease. Paralleling this enormous health toll is the economic burden of tobacco use: more than \$75 billion per year in medical expenditures and another \$80 billion per year resulting from lost productivity.

Since 1964, 28 Surgeon General's reports on smoking and health have concluded that tobacco use is the single most avoidable cause of disease, disability, and death in the United States. Over the past four decades, cigarette smoking has caused an estimated 12 million deaths, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases, and 94,000 infant deaths related to mothers smoking during pregnancy.

Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers. Low-tar cigarettes and other tobacco products are not safe alternatives.

The harmful effects of smoking do not end with the smoker. Babies of women who smoke during pregnancy are more likely to have lower birth weights, an increased risk of death from sudden infant death syndrome, and respiratory distress. In addition, secondhand smoke has harmful effects on non-smokers. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and more than 35,000 die of heart disease.

### 442,398 U.S. Deaths Attributable Each Year to Cigarette Smoking\*



\* Average annual number of deaths, 1995–1999.  
Source: *MMWR* 2002;51(14):300–3.

An estimated 150,000–300,000 children younger than 18 months of age have lower respiratory tract infections because of exposure to secondhand smoke.

Although smoking rates fell among high school students from 2000 to 2002, they did not decline significantly among middle school students. This lack of progress suggests the need for greater use of proven antismoking strategies and for new strategies to promote further declines in youth smoking.

## CDC's Tobacco Control Framework

CDC is committed to ensuring that all people achieve their optimal lifespan with the best possible quality of health in every stage of life. With a number of important new health impact goals, CDC is setting the agenda to enable the American people to enjoy a healthy life by delaying death and the onset of illness and disability. In addition, CDC works to eliminate disparities by accelerating improvements for those at the greatest risk of poor health.

With fiscal year 2005 funding of approximately \$105 million, the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC) provides national leadership

for a comprehensive, broad-based approach to reducing tobacco use. A variety of government agencies, professional and voluntary organizations, and academic institutions have joined together to advance this comprehensive approach, which involves

- Preventing young people from starting to smoke.
- Eliminating exposure to secondhand smoke.
- Promoting quitting among young people and adults.
- Identifying and eliminating disparities in tobacco use among different population groups.

Essential elements of this approach include state-based and community-based interventions, countermarketing, policy development, surveillance, and evaluation. These activities target groups—such as young people, racial and ethnic minority groups, people with low incomes or low levels of education, and women—at highest risk for tobacco-related health problems.

## Sustaining State Programs

CDC continues to support basic implementation programs to prevent and control tobacco use in all 50 states, the District of Columbia, 7 U.S. territories, and 7 tribal-serving organizations. In addition, CDC funds national networks to reduce tobacco use among priority populations. CDC also provides grants to 18 states for coordinated school health programs to help prevent tobacco use.

CDC provides technical assistance and training to help states plan, establish, and evaluate tobacco control programs. Recent fiscal crises have dramatically eroded states' investments in tobacco control. During fiscal years 2002–2005, the money that states spent on tobacco control fell 28%. Total funding is down to \$538 million, or less than 3% of the more than \$19 billion that the states received in 2004 from tobacco excise taxes and tobacco settlement payments. A mere 8% from these sources would allow all state tobacco control programs to be funded at CDC's minimum recommended level.

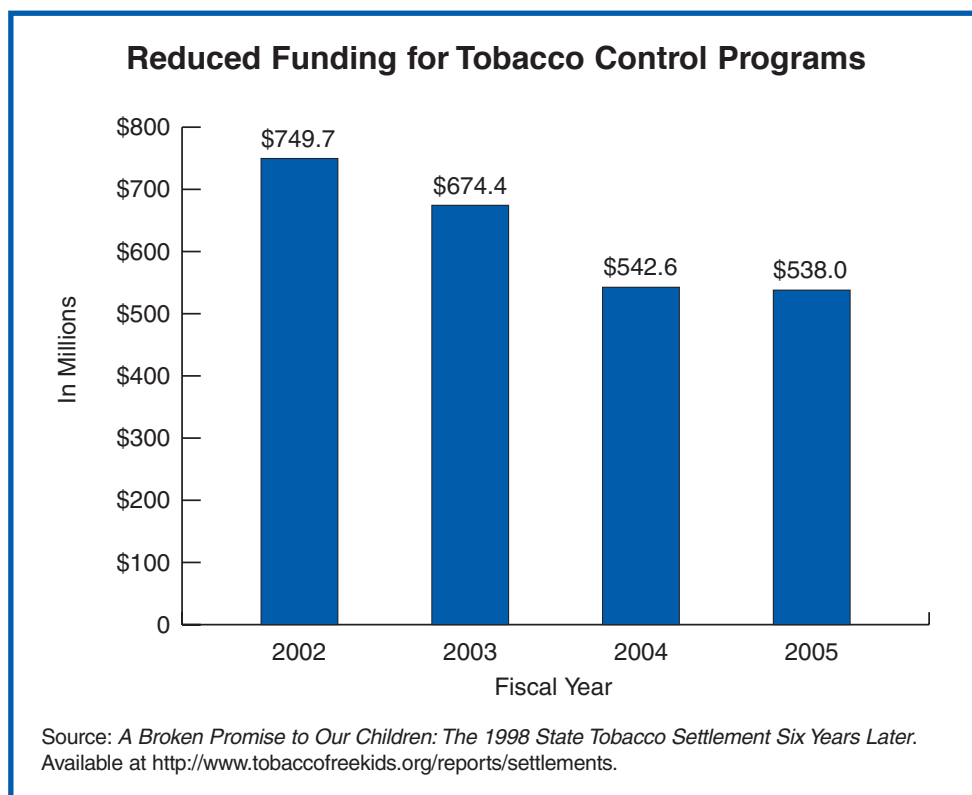
As of January 2004, only four states were spending the per capita amount that CDC recommends for tobacco control programs, which is \$5.98 per person. The overall average funding for tobacco control is \$1.22 per person. CDC is working with national partners to help states regain or maintain their core capacity and infrastructure for tobacco control so that they can revitalize their programs once funding is restored.

Key CDC resources for states include *Introductions to Program Evaluation for Comprehensive Tobacco Control Programs*, *Key Outcome Indicators for Comprehensive Tobacco Control Programs*, *Designing and Implementing an Effective Tobacco Countermarketing Campaign*, the State Tobacco Activities Tracking and Evaluation (STATE) System, the Sustaining State Funding for Tobacco Control Web site, and the newly expanded online tool kit, *Taking Action Against Secondhand Smoke*.

## Expanding the Science Base

CDC is responsible for conducting and coordinating research, surveillance, laboratory, and evaluation activities related to tobacco and its impact on health. For example,

- CDC provides technical assistance to help states evaluate their tobacco prevention and control programs. CDC also conducts the National Youth Tobacco Survey, assists with the voluntary state-based Youth Tobacco Survey and Adult Tobacco Survey, and develops survey instruments and methods to help assess tobacco use in specific populations.
- CDC and the World Health Organization (WHO) have developed a Global Tobacco Surveillance System that includes a set of surveys to monitor youth and adult tobacco use, attitudes toward tobacco use, tobacco control programs and policies, and exposure to secondhand smoke and advertising. This system will serve as an important monitoring tool for the international Framework Convention on Tobacco Control treaty.
- CDC's Office on Smoking and Health and Division of Laboratory Sciences are evaluating additives and chemical constituents of tobacco and tobacco smoke. This collaboration includes research on tobacco smoke toxicity and human smoking behavior.



# Capitalizing on Unique Opportunities for Research and Collaboration

## Communicating Information to the Public

CDC researches, develops, and distributes tobacco and health information nationwide. CDC responds to over 50,000 tobacco-related requests annually and in the past year has distributed more than 1 million publications and video products. In addition, visits to CDC's tobacco control Web site increased from 2 million in 2001 to more than 3 million in 2004. CDC has provided these materials and resources to educators, employers, public health workers, and other community leaders who are working to 1) prevent people from starting to use tobacco, 2) help people who use tobacco to quit, and 3) support community interventions.

Through its Media Campaign Resource Center (MCRC), CDC continues to provide counteradvertising materials and technical assistance to help state and local programs conduct effective media campaigns. Through the Cessation Resource Center (CRC), CDC provides an array of user-tested materials on topics such as reimbursement, quitlines, and evaluation. The MCRC and the CRC help states stretch their media budgets by using and adapting existing ads and other materials rather than creating new ones. In addition, CDC has developed training modules for chapters in *Designing and Implementing an Effective Tobacco Countermarketing Campaign* to help state and local health departments conduct local training workshops. In partnership with other federal, state, and local agencies, CDC communicates key tobacco messages through the media, schools, and communities. CDC also works with the sports and entertainment industries to communicate its tobacco-free message.

## Promoting Action Through Partnerships

CDC works with a variety of national and international partners to ensure that diverse groups are involved in tobacco control efforts. For example,

- CDC is the lead agency for the 21 national objectives on tobacco use in *Healthy People 2010* and works with other agencies and organizations to monitor progress toward meeting these objectives.
- CDC staffs the U.S. Department of Health and Human Services' Interagency Committee on Smoking and Health, which coordinates research programs and other efforts among federal, state, local, and private agencies.

- CDC coordinates and promotes tobacco prevention and control activities in collaboration with partners, including the American Cancer Society, the American Heart Association, the American Legacy Foundation, the American Lung Association, the Association of State and Territorial Health Officials, the Environmental Protection Agency, the National Association of County and City Health Officials, the National Association of Local Boards of Health, the National Cancer Institute, the National Center for Tobacco-Free Kids, the National Conference of State Legislatures, the Pan-American Health Organization, the Robert Wood Johnson Foundation, the Substance Abuse and Mental Health Services Administration, the Tobacco Technical Assistance Consortium, and the World Bank.
- CDC conducts global tobacco control activities with a range of international, regional, and country-specific partners. In addition, CDC and WHO have developed the Global Tobacco Surveillance System.
- CDC is partnering with the National Cancer Institute to develop and strengthen a national network of cessation quitlines to provide all tobacco users in the United States with access to the latest information and evidence-based treatments to help them quit.

## Future Directions

To accelerate progress toward a tobacco-free future, CDC is focusing on four strategic priorities:

- Sustaining science-based comprehensive state tobacco control programs.
- Conducting tobacco product research and disseminating information.
- Enhancing the science and delivery of quitline services.
- Strengthening global tobacco control surveillance and translating the data into action.

CDC will work to help policy makers, health officials, and the public understand that tobacco control is a core component of public health that needs to be sustained if the nation is to reduce the terrible toll of death and disease from tobacco use.

**For more information, additional copies of this document, or copies of publications referenced in this document, please contact**  
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